



House of Representatives

General Assembly

File No. 84

February Session, 2014

House Bill No. 5249

House of Representatives, March 25, 2014

The Committee on Insurance and Real Estate reported through REP. MEGNA of the 97th Dist., Chairperson of the Committee on the part of the House, that the bill ought to pass.

AN ACT CONCERNING COPAYMENTS FOR OCCUPATIONAL THERAPY SERVICES.

Be it enacted by the Senate and House of Representatives in General Assembly convened:

1 Section 1. Section 38a-511a of the 2014 supplement to the general
2 statutes is repealed and the following is substituted in lieu thereof
3 (*Effective January 1, 2015*):

4 No individual health insurance policy providing coverage of the
5 type specified in subdivisions (1), (2), (4), (11) and (12) of section 38a-
6 469 delivered, issued for delivery, renewed, amended or continued in
7 this state shall impose copayments that exceed a maximum of thirty
8 dollars per visit for in-network (1) physical therapy services rendered
9 by a physical therapist licensed under section 20-73, or (2) occupational
10 therapy services rendered by an occupational therapist licensed under
11 section 20-74b or 20-74c.

12 Sec. 2. Section 38a-550a of the 2014 supplement to the general
13 statutes is repealed and the following is substituted in lieu thereof

14 (Effective January 1, 2015):

15 No group health insurance policy providing coverage of the type
16 specified in subdivisions (1), (2), (4), (11) and (12) of section 38a-469
17 delivered, issued for delivery, renewed, amended or continued in this
18 state shall impose copayments that exceed a maximum of thirty dollars
19 per visit for in-network (1) physical therapy services rendered by a
20 physical therapist licensed under section 20-73, or (2) occupational
21 therapy services rendered by an occupational therapist licensed under
22 section 20-74b or 20-74c.

This act shall take effect as follows and shall amend the following sections:

Section 1	<i>January 1, 2015</i>	38a-511a
Sec. 2	<i>January 1, 2015</i>	38a-550a

INS *Joint Favorable*

The following Fiscal Impact Statement and Bill Analysis are prepared for the benefit of the members of the General Assembly, solely for purposes of information, summarization and explanation and do not represent the intent of the General Assembly or either chamber thereof for any purpose. In general, fiscal impacts are based upon a variety of informational sources, including the analyst's professional knowledge. Whenever applicable, agency data is consulted as part of the analysis, however final products do not necessarily reflect an assessment from any specific department.

OFA Fiscal Note

State Impact: None

Municipal Impact:

Municipalities	Effect	FY 15 \$	FY 16 \$
Various Municipalities	STATE MANDATE - Cost	Potential	Potential

Explanation

The bill's cap on copayments for in-network occupational therapy services does not result in a fiscal impact to the state. The state employee and retiree health plan does not currently impose a copay for in-network occupational therapy services.

The bill's cap on copayments for occupational therapy services may increase costs for certain fully insured municipalities which require member cost sharing in excess of \$30 per visit. The coverage requirements may result in increased premium costs for the municipality when they enter into new health insurance contracts after January 1, 2015. Due to federal law, municipalities with self-insured plans are exempt from state health insurance mandates.

Lastly, many municipal plans may be recognized as "grandfathered"¹ plans under the federal Affordable Care Act (ACA). It is uncertain what the effect of this mandate will have on the grandfathered status of those municipal plans.

¹ Grandfathered plans include most group health insurance plans and some individual plans created or purchased on or before March 23, 2010.

For the purposes of the ACA this bill is not considered an additional mandate and therefore will not result in an additional state cost related to reimbursement for the mandate for those covered through the exchange plans.

The Out Years

The annualized ongoing fiscal impact identified above would continue into the future subject to inflation.

*Sources: Office of the State Comptroller
Office of the State Comptroller State Health Plan, Plan Benefit Document as of
July 2013*

OLR Bill Analysis**HB 5249*****AN ACT CONCERNING COPAYMENTS FOR OCCUPATIONAL THERAPY SERVICES.*****SUMMARY:**

This bill prohibits certain health insurance policies from imposing a copayment of more than \$30 per visit for in-network occupational therapy services performed by a state-licensed occupational therapist. Effective January 1, 2015, the law already does this for in-network physical therapy services performed by a state-licensed physical therapist.

The bill applies to individual and group policies delivered, issued, renewed, amended, or continued in Connecticut that cover (1) basic hospital expenses; (2) basic medical-surgical expenses; (3) major medical expenses; or (4) hospital or medical services, including coverage under an HMO plan. Due to the federal Employee Retirement Income Security Act (ERISA), state insurance benefit mandates do not apply to self-insured benefit plans.

EFFECTIVE DATE: January 1, 2015

COMMITTEE ACTION

Insurance and Real Estate Committee

Joint Favorable

Yea 19 Nay 0 (03/13/2014)